

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT INFORMATION:

Applicant _____
Address _____
City/State/
Zip Code _____
DBA/
Trade Name _____

2. TAX IDENTIFICATION NUMBER(S):

HAWAII GENERAL EXCISE ID # _____
FEDERAL EMPLOYER ID # _____ - _____
SOCIAL SECURITY # _____ - _____ - _____

3. APPLICANT IS A/AN: (CHECK ONLY ONE BOX)

- | | | |
|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> S CORPORATION | <input type="checkbox"/> TAX EXEMPT ORGANIZATION |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | |

4. THE TAX CLEARANCE IS REQUIRED FOR:

- | | |
|---------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * | <input type="checkbox"/> LIQUOR LICENSE * |
| <input type="checkbox"/> REAL ESTATE LICENSE | <input type="checkbox"/> CONTRACTOR LICENSE |
| <input type="checkbox"/> FINANCIAL CLOSING | <input type="checkbox"/> PROGRESS PAYMENT |
| <input type="checkbox"/> HAWAII STATE RESIDENCY | <input type="checkbox"/> FEDERAL CONTRACT |
| <input type="checkbox"/> SUBCONTRACT | <input type="checkbox"/> OTHER _____ |
| | <input type="checkbox"/> BULK SALES |
| | <input type="checkbox"/> PERSONAL |
| | <input type="checkbox"/> LOAN |

* IRS APPROVAL STAMP IS FOR PURPOSES INDICATED BY ASTERISK.

5. NO. OF CERTIFIED COPIES REQUESTED:

6. SIGNATURE:

PRINT NAME

PRINT SPECIFIC TITLE: Corporate Officer, General Partner, Individual (Sole Proprietor)

SIGNATURE

DATE

() -
TELEPHONE

() -
FAX

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner, or Individual (Sole Proprietor), a power of attorney (State of Hawaii Department of Taxation Form N848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.

SEE PAGE 2 ON REVERSE & INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII
IF APPLICABLE
/ /

HAWAII RETURNS FILED
IF APPLICABLE
19____ 19____ 19____

STATE APPROVAL STAMP

*IRS APPROVAL STAMP

CERTIFIED COPY STAMP

7. CITY, COUNTY, OR STATE GOVERNMENT CONTRACT: ☐ Bid/Entering Into a Contract ☐ Completion/Final Payment
8. LIQUOR LICENSING: ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
9. CONTRACTOR LICENSING: ☐ Initial ☐ Renewal
10. STATE RESIDENCY: DATE APPLICANT ARRIVED IN HAWAII _____
11. ACCOUNTING PERIOD: ☐ Calendar year ☐ Fiscal year ending _____
(MM/DD)
12. TAX EXEMPT ORGANIZATION: Provide the Internal Revenue Code Section that applies to your exemption. _____
13. CORPORATION: Parent Corporation Name _____ FEIN _____
14. INDIVIDUAL: Spouse's Name _____ SSN _____
15. IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:
- A) Has your firm had any business income in Hawaii prior to the Bid? ☐ YES ☐ NO
- B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO
- C) Has your firm provided any services within the State of Hawaii? ☐ YES ☐ NO

16. FILING THE APPLICATION FOR TAX CLEARANCE:

Mail the completed applications to the Department of Taxation office which issued your General Excise Number. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation.

State Dept. of Taxation
OAHU DISTRICT OFFICE
P.O. BOX 259
HONOLULU, HI 96809-0259
TELEPHONE NO. (808) 587-4242
TOLL FREE 1-800-222-7572
or
830 PUNCHBOWL STREET
HONOLULU, HI 96813-5045

State Dept. of Taxation
MAUI DISTRICT OFFICE
P.O. BOX 1169
WAILUKU, HI 96793
TELEPHONE NO. (808) 984-8500
or
54 HIGH STREET
WAILUKU, HI 96793-2126

State Dept. of Taxation
HAWAII DISTRICT OFFICE
P.O. BOX 833
HILO, HI 96721-8033
TELEPHONE NO. (808) 974-6321
or
75 AUPUNI STREET
HILO, HI 96720-4253

State Dept. of Taxation
KAUAI DISTRICT OFFICE
3060 EIIWA STREET, RM. 105
LIHUE, HI 96766-1899
TELEPHONE NO. (808) 274-3456

Internal Revenue Service
COLLECTION DIVISION - TC
300 ALA MOANA BLVD., #50089
HONOLULU, HI 96850-4922
TELEPHONE NO. (808) 541-1160

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms Request Code-a-Phone on Oahu at (808) 587-7572 or toll-free at 1-800-222-7572. The form A-6 can be downloaded from the Department of Taxation website (<http://www.hawaii.gov/tax/tax.html>).

FOR OFFICE USE ONLY

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR /TOUR VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			

STATE OF HAWAII — DEPARTMENT OF TAXATION
INSTRUCTIONS FOR FORM A-6
TAX CLEARANCE APPLICATION

General Instructions

- This form is used to obtain a **State Tax Clearance**. (If you are reporting a bulk sale of business assets, you must also complete and submit Form G-8A, Bulk Sales Report.)
- This form may also be used to obtain a **Federal Tax Clearance** for the purpose of liquor licensing or entering into contracts/submitting bids with and/or seeking final payment of contracts from state or county agencies in Hawaii.
- The correct revision of Form A-6 (REV. 1998) must be used. Type or print clearly with a pen. After approval, the front page of the application will be your tax clearance certificate.
- Applications (FORM A-6) are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms Request Code-a-Phone on Oahu at (808) 587-7572 or toll free at 1-800-222-7572. This form can be downloaded from the Department of Taxation website (<http://www.hawaii.gov/tax/tax.html>).

Line-by-line Instructions

Line 1 — Applicant Information

Applicant. — Enter your legal name. The name appearing on your application must match the name on file with the State Department of Taxation, Internal Revenue Service, and, if applicable, the State Department of Commerce and Consumer Affairs.

Address. — Enter the address to which correspondence regarding this application for tax clearance should be mailed. In most cases, the address should be that which is on file with the Department of Taxation and/or IRS.

DBA (Doing Business As)/Trade Name. — If you have a trade or business name which is different from your legal/registered name, enter that name here.

Line 2 — Tax Identification Number(s)

Hawaii General Excise ID #. — Enter your 8-digit Hawaii general excise, use, employer's withholding, transient accommodations, and/or rental motor vehicle and tour vehicle surcharge tax identification number. Enter "NONE" if you do not have one.

Federal Employer ID #. — Enter your 9-digit Federal employer identification number (FEIN). Enter "NONE" if you do not have one.

Social Security #. — If you are an individual/sole proprietor, enter your social security number (SSN).

Line 3 — Applicant is a/an

Check the box which best describes your type of entity.

Line 4 — The Tax Clearance is Required For

Check the box (es) which correspond to your reason(s) for obtaining the tax clearance. The asterisks ("*") indicate reasons for which a state and federal clearance is required.

Line 5 — No. of Certified Copies Requested

Enter the number of certified copies you are requesting. Please retain the original tax clearance certificate. When you require additional copies prior to the expiration date of the tax clearance certificate, submit the original certificate with a request for the number of copies required. Each copy will bear an original green certified copy stamp.

Line 6 — Signature

Print Name. — Enter the name of the person signing the application.

Signature. — The application must be signed by an individual/sole proprietor/owner, corporate officer (president, vice-president, secretary, treasurer, etc.) or general partner. An employee of your company or authorized agent may sign the application if he/she possesses a valid Power-of-Attorney. Power-of-Attorney forms are available at the Department of Taxation (Form N-848) and Internal Revenue Service (Form 8821 or Form 2848) as indicated on page 1 of the application. Unsigned applications will be returned.

Print Specific Title/Date/Telephone/Fax. — Enter the title of the person signing the application, date the application is signed, and the telephone/fax number which the Department of Taxation or IRS can call during business hours should any questions arise while processing the application for tax clearance.

Line 7 — City, County, or State Government Contract

Indicate whether you are submitting a bid for a contract, entering into a contract, completing a contract, and/or waiting for final payment on a contract.

Line 8 — Liquor Licensing

For liquor licensing purposes, indicate whether you are applying for an initial liquor license, renewing your current liquor license, transferring a liquor license, or applying for a one time special event license.

Please Note: If you are renewing your liquor license or transferring the business to another entity (or person), the federal tax clearance requires compliance with the Bureau of Alcohol, Tobacco, and Firearms (ATF).

Line 9 — Contractor Licensing

Indicate whether you are applying for your initial contractor's license or renewing your current license.

Line 10 — State Residency

Enter the date you arrived in the State of Hawaii if your reason for applying is residency status.

Line 11 — Accounting Period

If you file your tax returns on a calendar year basis (1/1 — 12/31), check the first box. If you file your tax returns on a fiscal year basis other than a calendar year, check the second box, and enter the month and day your fiscal year ends. For example, a corporation whose tax year is July 31st through June 30th would write 6/30 on the line provided.

Line 12 — Tax Exempt Organization

Tax exempt organizations must enter the Internal Revenue Code Section that applies to your exempt status.

Line 13 — Corporation

Subsidiaries of a corporation must enter the parent's corporate name and federal employer identification number on the line provided.

Line 14 — Individual

If you are an individual/sole proprietor who is married, enter your spouse's name and social security number on the lines provided.

Line 15 — If You Do Not Have a General Excise Tax License and Require a Tax Clearance for a Government Contract

If you do not have a general excise tax license and require a tax clearance for a government contract, you must complete this section. Contact the State Department of Taxation if you have additional questions.

Line 16 — Filing the Application for Tax Clearance

Applications may be submitted either in person or by mail. Mailing addresses for the State Department of Taxation district offices and the Internal Revenue Service are provided on page 2 of the application.

A "mailed-in" tax clearance application generally takes 10 - 15 business days to process.

If all required returns have been filed and all required taxes, penalties, and interest have been paid, a "walked-in" tax clearance will generally be processed the same business day on Oahu only.